

Failure to report Revenue and employees by February 15th
will result in penalties & interest on your bill.

THIS LICENSE EXPIRES IN 30 DAYS

OFFICE USE ONLY

AUDIT RECOMMENDATION:

YES _____ NO _____

BUSINESS TAX RETURN

CITY OF ATLANTA, BUSINESS TAX DIVISION
55 TRINITY AVE., STE. 1350, S.W., ATLANTA GEORGIA 30335
(404) 330-6270

FOR CITY OF ATLANTA USE ONLY

BUSINESS TAX NUMBER

BUSINESS TAX
CLASS
NUMBER

STD. IND. CL. NO.

DATE FILED

APPLICATION MUST BE COMPLETED (1-14) BEFORE PROCESSING.

COMPLETE ALL SPACES

MONTH

DAY

YEAR

CHECK ☐ RENEWAL

ONE ☐ SOLD OR CLOSED BUSINESS (FINAL)

(GEORGIA REVENUES)

If revenue is "0", Please indicate "0". DO NOT LEAVE BLANK.

2002 Actual
Employees

2002 Actual
Revenue

OUT OF STATE COMPANY WITH NO GEORGIA LOCATION REPORT ATLANTA REVENUE ONLY \$

BUSINESS NAME / DBA

☐ NO CHANGE

STREET ADDRESS (Physical Location: Apt, Suite, Etc.)

☐ NO CHANGE

CITY, STATE

☐ NO CHANGE

ZIP CODE

NAME (IF DIFFERENT THAN LINE 2)

☐ NO CHANGE

MAILING ADDRESS (Apt., Room, Suite, Etc.)

☐ NO CHANGE

CITY, STATE

☐ NO CHANGE

ZIP CODE

CHECK

☐ PARTNERSHIP

☐ CORP. GA

PRINCIPAL OFFICE; CORPORATE NAME

STREET OR P.O. BOX

CITY, STATE

ZIP CODE

ONE ☐ SOLE OWNER

☐ OTHER

OFFICER, AGENT OR ATTORNEY FOR SERVICE
OF BUSINESS AFFAIRS IN CITY OF ATLANTA

NAME

STREET

CITY, STATE, ZIP CODE

TELEPHONE

NAME OF OWNER(S) &
RESIDENCE ADDRESS
(REQUIRED)

NAME

SOCIAL SECURITY NUMBER:

STREET

CITY, STATE, ZIP CODE

TELEPHONE

O
F
F
I
C
E
R
S

TITLE

NAME

SOCIAL SECURITY NUMBER:

STREET

CITY, STATE, ZIP CODE

TELEPHONE

TITLE

NAME

SOCIAL SECURITY NUMBER:

STREET

CITY, STATE, ZIP CODE

TELEPHONE

CERTIFICATION: THE INFORMATION HEREIN IS REQUIRED BY SECTION 30 - 68 1995 CODE OF ORDINANCES OF THE CITY OF ATLANTA, GEORGIA.

I (NAME) _____ BEING THE (TITLE) _____

TELEPHONE - AREA _____ NO. _____ OF THE BUSINESS FIRM NAMED, DO

HEREBY REGISTER AND APPLY FOR A BUSINESS LICENSE TO OPERATE SAID BUSINESS WITH DOMINANT BUSINESS ACTIVITY

OF (EXPLAIN TYPE OF BUSINESS) _____

ACCORDING TO THE CLASSIFICATION INDEX OF THE BUSINESS TAX ORDINANCE, CITY OF ATLANTA, GEORGIA; THE UNDERSIGNED CERTIFIES THAT HE IS THE PERSON DULY AUTHORIZED BY THE BUSINESS HEREIN NAMED TO FILE THIS REGISTRATION AND APPLICATION FOR A LICENSE, INCLUDING THE ACCOMPANYING SCHEDULES AND STATEMENTS, AND THAT THE SAME ARE TRUE, CORRECT AND COMPLETE.

APPLICANT SIGNATURE _____

THE _____ DAY OF _____ 20 _____

CITY OF ATLANTA ZONING DIV. USE ONLY

ZONING APPR. _____ / _____ / _____ DENIED _____ / _____ / _____

CONDITIONS

LOT _____ DIST _____ ZONING DISTR. _____

BY _____ DATE _____

NOTICE

TO AVOID CONTACT BY AN AUDITOR, YOU MUST ATTACH
A COPY OF YEAR 2001 APPLICABLE TAX RETURN, i.e.,
(1120, 1065, or 500 thru 700).

BUSINESS NAME

(Correct on
line 2 above)

BUSINESS LOCATION

(Correct on
line 2 above)

BUSINESS TAX NUMBER

MAIL NAME

(Correct on
line 3 above)

MAIL ADDRESS

(Correct on line 3 above)

• Federal Employee ID# _____

• State ID# _____

• RETURN ORIGINAL TO CITY OF ATLANTA • KEEP THE COPY FOR YOUR RECORDS
THIS IS NOT A BILL
• A 20% DISCOUNT WILL BE GIVEN TO RESTAURANTS WHICH PROHIBIT SMOKING ON
THEIR PREMISES.